



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

MARCH 03, 2003

0087229-6

TCS CORPORATE SERVICES INC
118 WEST EDWARDS STE 200
SPRINGFIELD, IL 62704-0000

RE SAKON CALLING CARDS, LLC

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE
STATE OF ILLINOIS. ENCLOSED PLEASE FIND AN APPROVED APPLICATION OF
ADMISSION.

THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE
FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR.
A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT
THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS
PRIOR TO ITS ANNIVERSARY MONTH.

SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE (217)524-8008

JW:LLC

OFFICIAL FILE

I.C.C. DOCKET NO. 030176
Exhibit No. 12
Witness [Signature]
Date 4/17/03 Reporter [Signature]

Form **LLC-45.5**

January 1999

George H. Ryan
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 358, Howlett Building
Springfield, IL 62756
<http://www.sos.state.il.us>

Payment must be made by certified check, cashier's check, Illinois attorney's C.P.A.'s check or money order, payable to "Secretary of State."

Illinois Limited Liability Company Act

Application for Admission to Transact Business

Must be typewritten

This space for use by Secretary of State

Date: 03.03.2003
Assigned File #: 00672296
Filing Fee: \$400
Penalty: \$
Approved: JB \$

This space for use by
Secretary of State**FILED**

MAR 03 2003

JESSE WHITE
SECRETARY OF STATE

- Limited Liability Company name: Sakon Calling Cards, LLC
(Must comply with Section 1-10 of ILLCA or article 2 below applies.)
- The assumed name, other than the true company name, under which the LLC proposes to transact business in Illinois is: _____
(If applicable, a form LLC-1.20, Application to Adopt an Assumed Name, is required to be completed and attached to this application.)
- Federal Employer Identification Number (F.E.I.N.): 45-0480537
- Jurisdiction of Organization: New Jersey
- Date of Organization: May 23, 2002
- Period of Duration: Perpetual
(See #14 on back)
- The address, including county, of the office required to be maintained in the jurisdiction of its organization, or if not required, of the principal place of business (Post office box alone and c/o are unacceptable):

Two Executive Drive		Suite 500	
Number	Street	Suite	
Fort Lee	New Jersey 07024		
City/State	ZIP Code	County	
- Registered agent: TCS Corporate Services, Inc.

First Name	Middle Name	Last Name

Registered Office: 118 West Edwards Ste. 200

Number	Street	Suite #
Springfield	Sangamon	62704
City	County	ZIP Code

(P.O. Box or c/o are unacceptable)
- The date on which this foreign LLC first did business in Illinois: upon qualification

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10. The purpose or purposes for which the company is organized and proposes to conduct in this State: Include the business code # (IRS Form 1065).

Provide Telecommunication Services

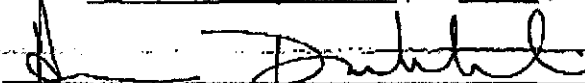
11. The limited liability company is managed by:

☒ manager(s)

☐ vested in member(s)

12. The Illinois Secretary of State is hereby appointed the agent of the limited liability company for service of process under the circumstances set forth in a subsection (b) of Section 1-50 of the ILLCA.
13. This application is accompanied by a certificate of good standing or existence, as well as a copy of the articles of organization, as amended, duly authenticated within the last thirty (30) days, by the officer of the state or country wherein the LLC is formed.
14. If the period of duration is a date certain and is not stated in the Articles of Organization from the domestic state, a copy of that page from the Operating Agreement stating the date must also be submitted.
15. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated January 30, 192003



(Signature)

(Signature must comply with Section 5-45 of ILLCA)

Amine Doukkali, Manager

(Type or print name and title)

*(If applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.)

*Please refer to Sections 17B.20(d) and (e) of the Administrative Rules

LLC-17.3